

Fee-for-Service Portal Submission *CMS-1500* Professional Primary and Secondary Claims

Indiana Health Coverage Programs
DXC Technology
IHCP Works Seminar October 2020



Agenda

- Advantages to claim submission on the Portal
- Claim submission
- Claim submission tips and reminders
- Claim follow-up
- Provider asked...what went wrong
- Primary insurance updates on the Portal
- Helpful tools
- Questions

Advantages to Claim Submission on the Portal



Advantages to Claim Submission on the Portal

- ***Immediate*** claim status result
- Faster payment
- Easy and efficient
- Electronic attachments
- No additional forms to complete
- Nothing to submit by mail



Claim Submission

Claim Submission

The screenshot displays a healthcare provider portal interface. At the top, a navigation bar includes links for [My Home](#), [Eligibility](#), [Claims](#), [Care Management](#), [Resources](#), and [Switch Provider](#). The [Claims](#) menu is expanded, showing options: [Search Claims](#), [Submit Claim Dental](#), [Submit Claim Inst](#), [Submit Claim Prof](#) (highlighted with a red box), and [Search Payment History](#).

On the left sidebar, there are sections for **User Details** (with a [Welcome](#) message and links to [My Profile](#) and [Switch Provider](#)) and **Provider** (with fields for [Name](#) and [Provider ID](#), and a link to [Provider Maintenance](#)). Below this is the **Provider Services** section with links to [Member Focused Viewing](#), [Search Payment History](#), and [Link to MAPIR](#).

The main content area features a large blue banner that reads "WELCOME HEALTH CARE PROFESSIONAL!". To the right of the banner are three links: [Contact Us](#), [Notify Me](#), and [Secure Correspondence](#). Below the banner is a photograph of two healthcare professionals, a man and a woman, looking at a medical image. At the bottom of the main content area, a paragraph states: "We are committed to make it easier for physicians and other providers to perform their business. In addition to providing the ability to verify member eligibility and submit claims, our secure site provides access to benefits, answers to frequently asked questions, and the ability to search for providers."

Claim Submission

Be sure you are logged in to the Portal under the correct Service Location

Provider Information

Requesting Provider Information

Billing Provider ID

ID Type NPI

Name

Rendering Provider ID



ID Type

Name

Rendering Taxonomy

Referring Provider ID



ID Type

Name

Service Facility Location ID



ID Type

Name

Use the spyglass to enter rendering NPI

Provider ID Search

[Back to Claim](#) ?

Search By ID Search By Name Search By Organization

* Indicates a required field.

*Provider ID

Provider ID Type

Search

Cancel

If a physician is listed more than once, choose the entry without a taxonomy code, if available



Claim Submission

Enter Member ID, Date of Birth and at least one character of First and Last Name

*Member ID

*Last Name

Birth Date

*First Name

Other Claim ID

Claim Information

Claim Header Instructions

Hospital From Date

Date Type

Accident Related

*Patient Number

Medical Record Number

Hospital To Date

Date of Current

Authorization Number

Special Program

*Does the provider have a signature on file?

☒ Yes ☐ No

*Does the provider accept assignment for claim processing?

☒ Yes ☐ No ☐ Clinical Lab Services Only

*Are benefits assigned to the provider by the patient or their authorized representative?

☒ Yes ☐ No ☐ N/A

*Does the provider have a signed statement from the patient releasing their medical information?

☒ Yes ☐ No

Include Other Insurance

☐

Total Charged Amount \$0.00

Continue

Cancel

*If there is a primary insurance that **covers** the service, check the box*



Claim Submission

Diagnosis Codes

Select the row number to edit the row. Click the **Remove** link to remove the entire row.
Please note that the 1st diagnosis entered is considered to be the principal (primary) Diagnosis Code.

#	Diagnosis Type	Diagnosis Code	Action
1			

1

*Diagnosis Type

ICD-10-CM ▼

*Diagnosis Code

diab

Add

Reset

Other Insurance Details

Enter the carrier and policy holder information below.

Enter other carrier Remittance Advice details here for the claim or with each service line. Enter at Adjustment Details section.

Click the **Remove** link to remove the entire row.

#	Carrier Name	Carrier ID	Group ID
1			

+

Click to add a new other insurance.

E0800-DIAB D/T UNDRL COND W HYPROSM W/O NONKET HYPRGLY-HYPROS COMA

E08321-DIAB D/T UNDRL COND W MILD NONPRLF DIAB RTNOP W MCLR EDEMA

E08329-DIAB D/T UNDRL COND W MILD NONPRLF DIAB RTNOP W/O MCLR EDEMA

E08339-DIAB D/T UNDRL COND W MOD NONPRLF DIAB RTNOP W/O MCLR EDEMA

E08349-DIAB D/T UNDRL COND W SEV NONPRLF DIAB RTNOP W/O MCLR EDEMA

E08341-DIAB D/T UNDRL COND W SEVERE NONPRLF DIAB RTNOP W MCLR EDEMA

E0851-DIAB DUE TO UNDRL COND W DIAB PRPH ANGIOPATH W/O GANGRENE

E0843-DIAB DUE TO UNDRL COND W DIABETIC AUTONM (POLY)NEUROPATHY

E0852-DIAB DUE TO UNDRL COND W DIABETIC PRPH ANGIOPATH W GANGRENE

E08331-DIAB DUE TO UNDRL COND W MOD NONPRLF DIAB RTNOP W

Add diagnosis by entering description or code
Choose **to save each code**

9

Claim Submission

Secondary Insurance Information at the *Header* Level

Other Insurance Details

Enter the carrier and policy holder information below.

Enter other carrier Remittance Advice details here for the claim or with each service line. Enter adjusted payment details, such as reason codes, in the Claim Adjustment Details section.

Click the **Remove** link to remove the entire row.

[Refresh Other Insurance](#)

#	Carrier Name	Carrier ID	Group ID	TPL/Medicare Paid Amount	Paid Date	Action
1					—	Remove

[+](#) Click to add a new other insurance.

[Back to Step 1](#)[Continue](#)[Cancel](#)

- Verify that the carrier name shows the correct insurance
- Remove any insurance that should not be listed
- Click the **1** by the carrier name to complete the information
- Click the **+** to add the correct Primary Insurance if not listed

Claim Submission

Secondary Insurance Information at the **Header** Level

Medicare carrier name can be Wisconsin Physician Services (WPS) or Medicare – carrier ID 08102. Replacement Plan and TPL (Third-Party Liability) can be the name of the carrier

#	Carrier Name	Carrier ID	Group ID	TPL/Medicare Paid Amount	Paid Date	Action
<input type="checkbox"/> Click to collapse.						
*Carrier Name		*Carrier ID				
*Policy Holder Last Name		*First Name		MI <input type="checkbox"/>		
Policy Holder Address						
City		State	ZIP Code	Country Code		
*Policy ID		SSN				
*Relationship to Patient		*Claim Filing Code				
Group ID		Policy Name				
TPL/Medicare Paid Amount		Paid Date				
Claim ID		Authorization Number				
Referral Number						
<input type="button" value="Add"/>		<input type="button" value="Cancel"/>				

Paid amount on the **ENTIRE** claim

Does not have an * but is required for processing

Claim Submission

Secondary Insurance Information at the **Header** Level

The screenshot shows a claim submission form with various fields. Two dropdown menus are highlighted with red boxes and arrows pointing to explanatory text boxes below. The first dropdown, 'Relationship to Patient', lists options like '01-Spouse', '18-Self', '19-Child', '20-Employee', '21-Unknown', '39-Organ Donor', '40-Cadaver Donor', '53-Life Partner', and 'G8-Other Relationship'. The second dropdown, 'Claim Filing Code', lists various insurance types including '11-Other Non-Federal Programs', '12-Preferred Provider Organization (PPO)', '13-Point of Service (POS)', '14-Exclusive Provider Organization (EPO)', '15-Indemnity Insurance', '16-Health Maintenance Organization (HMO) Medicare Risk', '17-Dental Maintenance Organization', 'AM-Automobile Medical', 'BL-Blue Cross/Blue Shield', 'CR-Charitas', 'CI-Commercial Insurance Co.', 'DS-Disability', 'FI-Federal Employees Program', 'HM-Health Maintenance Organization', 'LM-Liability Medical', 'MA-Medicare Part A', 'MB-Medicare Part B', 'OF-Other Federal Program', and 'TV-Title V'.

How the member is related to the person who holds the insurance

CI – Commercial Insurance
16 – Medicare Replacement Plan
MB – Medicare B



Claim Submission

Secondary Insurance Information at the **Header** Level

- Claim adjustment details are **NOT** completed for TPL, unless there is an acceptable denial adjustment reason code (ARC)
- Claim adjustment details **ARE** completed for Medicare and Medicare Replacement Plans

Claim Adjustment Details

You can enter up to five unique group codes. You can repeat six combinations of reason code and adjustment amount with each group code.

Click the **Remove** link to remove the entire row.

#	Claim Adjustment Group Code	Reason Code	Adjustment Amount	Units	Action
---	-----------------------------	-------------	-------------------	-------	--------

☐ Click to collapse.

*Claim Adjustment Group Code

*Reason Code

*Adjustment Amount

Adjusted Units

Add

Cancel

Save

Cancel

☐ Click to add a new other insurance.

Back to Step 1

Continue

Cancel

Claim Submission

Secondary Insurance Information at the *Header* Level

Claim Adjustment Details

You can enter up to five unique group codes. You can repeat six combinations of reason code and adjustment amount with each group code.

Click the **Remove** link to remove the entire row.

#	Claim Adjustment Group Code	Reason Code	Adjustment	Units	Action
---	-----------------------------	-------------	------------	-------	--------

☐ Click to collapse.

*Claim Adjustment Group Code

*Reason Code

*Adjustment Amount

Adjusted Units

Add

Cancel

Save

Cancel

Adjustment amount is the patient responsibility or ARC amount on the **ENTIRE** claim

PR – Patient responsibility

1 – Deductible amount

2 – Coinsurance amount

3 – Co-payment amount

Or CO (contractual obligation) with the valid TPL ARC explanation

☐ Click to add a new other insurance.

Back to Step 1

Continue

Cancel

Claim Submission

Service Details

Select the row number to edit the row. Click the **Remove** link to remove the entire row.

#	From Date	To Date	Place of Service	Procedure Code	Charge Amount	Units	Action
---	-----------	---------	------------------	----------------	---------------	-------	--------

Click to collapse.

*From Date To Date *Place of Service

*Procedure Code *Diagnosis Pointers

Modifiers

Charge Amount *Units *Unit Type EPSDT ☐ Family Plan ☐ EMG ☐

Rendering Provider ID ID Type Rendering Taxonomy

Line Item Control#

NDC for Service Detail

Note for Service Detail

Add

Cancel

Modifiers, if

Enter the charge amount and **TAB** to the units field
Does not have an * but is required for processing

Claim Submission

Service Details

Select the row number to edit the row. Click the **Remove** link to remove

#	From Date	To Date	Place of Service
Click to collapse.			
*From Date	<input type="text"/>	To Date	<input type="text"/>
*Procedure Code	9921		
Code	99218-INITIAL OBSERVATION CARE		
Modifiers	99219-INITIAL OBSERVATION CARE		
	99217-OBSERVATION CARE DISCHARGE		
	99211-OFFICE/OUTPATIENT VISIT EST		
	99212-OFFICE/OUTPATIENT VISIT EST		
Charge Amount	99213-OFFICE/OUTPATIENT VISIT EST		
Rendering Provider ID	99214-OFFICE/OUTPATIENT VISIT EST		
	99215-OFFICE/OUTPATIENT VISIT EST		
Line Item Control#	<input type="text"/>		

row.

Procedure Code	Charge Amount	Units	Action
<div> <div>*Place of Service</div> <div> <div></div> <div>*Diagn</div> <div></div> <div></div> <div>Type Unit</div> <div>Rendering Taxonom</div> </div> </div> <div> <div>42-Ambulance - Air or Water</div> <div>41-Ambulance - Land</div> <div>24-Ambulatory Surgical Center</div> <div>13-Assisted Living Facility</div> <div>25-Birthing Center</div> <div>53-Community Mental Health Center</div> <div>96-Community Setting</div> <div>61-Comprehensive Inpatient Rehabilitation Facility</div> <div>62-Comprehensive Outpatient Rehabilitation Facility</div> <div>33-Custodial Care Facility</div> <div>97-EI class/program</div> <div>23-Emergency Room - Hospital</div> <div>65-End-Stage Renal Disease Treatment Facility</div> <div>95-Family Day Care</div> <div>50-Federally Qualified Health Center</div> <div>14-Group Home *</div> <div>12-Home</div> <div>04-Homeless Shelter</div> <div>34-Hospice</div> </div>			

Claim Submission

Secondary Insurance Information at the **Detail** Level

Service Details

Select the row number to edit the row. Click the **Remove** link to remove the entire row.

#	From Date	To Date	Place of Service	Procedure Code	Charge Amount	Units	Action
1			11-Office	99213-OFFICE/OUTPATIENT VISIT EST	\$100.00	1.00 Unit	Remove

Other Insurance for Service Detail

Click the row number to edit the row. Click the **Remove** link to remove the entire row.

#	Carrier ID	TPL/Medicare Paid Amount	Paid Date	Action
---	------------	--------------------------	-----------	--------

 Click to collapse.

*Other Carrier

*TPL/Medicare Paid Amount

*Paid Date

Add

Cancel

Paid amount for **this detail only**

Claim Submission

Secondary Insurance Information at the *Detail* Level

Other Insurance Details

Enter the carrier and policy holder information below.

Enter other carrier Remittance Advice details here for the claim or with each service line. Enter adjusted payment details, such as reason codes, in the Claim Adjustment Details section.

Click the **Remove** link to remove the entire row.

Refresh Other Insurance

#	Carrier Name	Carrier ID	Group ID	TPL/Medicare Paid Amount	Paid Date	Action
1					-	Remove

☐ Click to add a new other insurance.

Claim Adjustment Details

You can enter up to five unique group codes. You can repeat six combinations of reason code and adjustment amount with each group code.

Click the **Remove** link to remove the entire row.

PR – Patient responsibility

☐ Click to collapse.

*Claim Adjustment Group Code

*Reason Code

*Adjustment Amount

Adjusted Units

Add

Cancel

Save

Cancel

Adjustment amount is the patient responsibility or ARC amount on this *DETAIL* only

1 – Deductible amount
2 – Coinsurance amount
3 – Co-payment amount
Or, CO (contractual obligation)– with a Valid TPL ARC

Back to Step 1

Repeat process for all service details

Continue

Cancel

Claim Submission

When the primary EOB is required, use the “Attachments” feature

Attachments

Click the **Remove** link to remove the entire row.

#	Transmission Method	File	Control #	Attachment Type	Action
---	---------------------	------	-----------	-----------------	--------

☐ Click to collapse.

*Transmission Method

FT-File Transfer ▼

*Upload File

Choose File

No file chosen

*Attachment Type

Add

Cancel

Submit electronically through file transfer

Search for the file from the documents saved in your files:

- Attachment file size limit is 5 MB, and valid file types for upload include .bmp, .gif, .jpg, .jpeg, .pdf, .png, .tif and .tiff
- Word and Excel files are not valid

Claim Submission

Attachments

Click the **Remove** link to remove the

#	Transmission Method
<input type="checkbox"/>	Click to collapse.
	<div><div>*Transmission Method</div><div>*Upload File</div><div>*Attachment Type</div></div>

BT-Blanket Test Results

CB-Chiropractic Justification

CK-Consent Form(s)

CT-Certification

D2-Drug Profile Document

DA-Dental Models

DB-Durable Medical Equipment Prescription

DG-Diagnostic Report

DJ-Discharge Monitoring Report

DS-Discharge summary

EB-Explanation of Benefits (Coordination of Benefits or Medicare Secondary Payer)

EB-Explanation of Benefits (Coordination of Benefits or Medicare Secondary Payer)

Add

Cancel

Claim Note Information

Back to Step 1

Back to Step 2

Submit

Cancel

Back to Step 1

Back to Step 2

Back to Step 3

Print Preview

Confirm

Cancel

Do not use browser back button



Claim Submission

Claim Note Information

Click the **Remove** link to remove the entire row.

#	Note Reference Code	Note Text	Action
Click to collapse.			
	<div>Note Reference Code</div>	<div>Additional Information</div>	
	<div>Note Text</div>		
<div>Add</div> <div>Cancel</div>			
<div>Back to Step 1</div> <div>Back to Step 2</div> <div>Submit</div> <div>Cancel</div>			

Only notes that impact the processing of the claim should be used – refer to *Claim Submission and Processing* module for acceptable claim notes.

******Claim notes may delay the processing of the claim.



Claim Submission

The screenshot displays the 'INDIANA MEDICAID for Providers' portal. At the top, there is a navigation bar with links: 'My Home', 'Eligibility', 'Claims', 'Care Management', 'Resources', and 'Switch Provider'. The 'Claims' link is highlighted. Below the navigation bar, the breadcrumb trail shows 'Claims > Claim Receipt'. A green box contains the text 'Delegate for' followed by 'Role IDs' and a dropdown menu set to 'Provider - In Network -'. The main content area has a blue header 'Submit Institutional Claim: Confirmation' with a help icon. Below this is a light blue section titled 'Institutional Claim Receipt'. The text inside states: 'Your Institutional Claim was successfully submitted. The claim status is FinalizedPayment.' A red arrow points from this text to a yellow callout box. Below this, it says 'The Claim ID is:' followed by a red-outlined empty box. Further down, instructions are provided: 'Click **Print Preview** to view the claim details as they have been saved on the payer's system.', 'Click **Copy** to copy member or claim data.', 'Click **Edit** to resubmit the claim.', and 'Click **New** to submit a new claim.' At the bottom, there are four buttons: 'Print Preview', 'Copy', 'Edit', and 'New'. A yellow callout box with a red border contains the text: 'Attachments or notes may cause the claim to be **Pending in Process**'.

INDIANA MEDICAID for Providers

Contact Us | FAQs | Logout

My Home | Eligibility | Claims | Care Management | Resources | Switch Provider

Claims > Claim Receipt

Delegate for Role IDs Provider - In Network -

Submit Institutional Claim: Confirmation

Institutional Claim Receipt

Your Institutional Claim was successfully submitted. The claim status is FinalizedPayment.

The Claim ID is:

Click **Print Preview** to view the claim details as they have been saved on the payer's system.

Click **Copy** to copy member or claim data.

Click **Edit** to resubmit the claim.

Click **New** to submit a new claim.

Print Preview **Copy** **Edit** **New**

Attachments or notes may cause the claim to be **Pending in Process**

Claim Submission Tips and Reminders



Claim Submission Tips and Reminders

Primary Explanation of Benefits (EOB)

Primary EOB **IS** required for *Other Insurance (TPL)*

- When the third-party liability (TPL) carrier has **DENIED** the service as **noncovered**
 - *Exception* – If the **TPL primary EOB contains an acceptable denial adjustment reason code (ARC)**, the secondary windows can be completed with the ARC, and no EOB is required
- When TPL carrier has applied the **entire** amount to the copay, coinsurance, or deductible – **PAID** at \$0.00

Services that are **NONCOVERED** by the primary insurance are **NOT** filed as a secondary claim.

However:

- The secondary windows may be completed to bypass the need for the primary EOB attachment for **Commercial Insurance CLAIMS only**



Claim Submission Tips and Reminders

Primary Explanation of Benefits (EOB)

Primary EOB **IS NOT** required for *Other Insurance (TPL)*

- When the primary insurance **COVERS** the service and has made a **PAYMENT** on the claim:
 - Actual dollars were received
 - Balance is applied to deductible, copayment, or coinsurance



Claim Submission Tips and Reminders

Primary Explanation of Benefits (EOB)

Primary EOB **IS** required for *Medicare and Medicare Replacement Plans*

- When Medicare or the Medicare Replacement Plan **DENIES** the service

- Services that are **NONCOVERED** by the primary insurance are **NOT** filed as a secondary claim
- **Reminder:** When Replacement Plan EOB is required, write **MEDICARE REPLACEMENT PLAN** on the EOB



Claim Submission Tips and Reminders

Primary Explanation of Benefits (EOB)

Primary EOB **IS NOT** required for *Medicare and Medicare Replacement Plans*

- When the Medicare or Medicare Replacement Plan **COVERS** the service:
 - Actual dollars were received, OR
 - Entire or partial amount was applied to deductible, coinsurance, or copay



Claim Submission Tips and Reminders

Verify Eligibility

- Confirm the Member ID (also known as RID)
- Verify the spelling of the member's name
- Make sure the member's benefit plan covers the service being billed
- Check to see if the member is enrolled in a managed care plan
- Look for primary insurance coverage



Claim Submission Tips and Reminders

Verify Eligibility

Other Insurance Details						
Carrier Name (Carrier ID)	Address	Phone Number	Policy ID	Group ID	Policy Holder	Coverage Type
ADVANCED PARADIGM						PHARMACY
ANTHEM BC/BS						MEDICAL

- The TPL reported on the claim should match what is on the eligibility:
 - If it does not, a TPL update should be submitted
(Exception – Pharmacy information)
- Medicare Replacement Plans should **NOT** show on the eligibility

Claim Follow-up

Claim Follow-up

Search Claims

To search for specific claims for a member, use the Member ID and dates of service to see all claim activity

The screenshot displays a web application interface for searching claims. At the top, a navigation bar includes links for 'My Home', 'Eligibility', 'Claims', 'Care Management', and 'Resources'. The 'Claims' link is highlighted, and a dropdown menu is open, showing options: 'Search Claims' (highlighted with a red box), 'Submit Claim Dental', 'Submit Claim Inst', 'Submit Claim Prof', and 'Search Payment History'. Below the navigation bar, the breadcrumb 'Claims > Search Claims' is visible. The main section is titled 'Search Claims' and contains a form with several sections: 'Medical/Dental/Inst' (with a note about required fields), 'Claim Information' (with a 'Claim ID' input field), 'Member Information' (with 'Member ID', 'Last Name', 'Birth Date', and 'First Name' input fields), and 'Service Information' (with 'Claim Type', 'Service From', 'To', 'Paid Date', and 'Claim Status' input fields). The 'Search' and 'Reset' buttons are at the bottom of the form.

Claim Follow-up

Search Claims

To search for a multiple claims, enter date range and status

Service Information

Claim Type

Service From

To

Paid Date

Claim Status

Finalized Payment

Finalized Denied

Pending In Process





Search

Reset

Search Results

To see service line information or to view a remittance advice, click on the '+' next to the claims ID.

Total Records: 4

+/-	<u>Claim ID</u>	<u>Claim Type</u>	<u>Claim Status</u>	<u>Service Date</u> ▼	<u>Member ID</u>	<u>Rendering Provider ID</u>	<u>Medicaid Paid Amount</u>	<u>Paid Date</u>	<u>Member Responsibility</u>
		Professional	Finalized Payment						\$0.00
		Professional	Finalized Payment						\$0.00
		Professional	Finalized Denied						\$0.00
		Professional	Finalized Payment						\$0.00

Claim Follow-up

Edit, Copy, Void

Make a decision as to what action should be taken

Edit

Edit a **PAID** claim that needs to be adjusted. Leave all of the correct information on the claim that was previously paid, correct what is wrong. **NEVER** edit a paid claim if the date of service is past timely filing – unless there is proof of retroactive eligibility, enrollment or prior authorization.

Copy

Copy a **DENIED** claim. Correct the information and resubmit.

Void

Avoid the **VOID** unless the *entire* paid amount on the claim needs to be refunded.



Provider Asked...What Went Wrong

Provider Asked...What Went Wrong

Provider called stating claim denied for:

Claim EOB Information			
Claim / Service #	Disposition	EOB Code	Description
Claim	Deny	0815	TPL REQUIRED AT DETAIL AND MUST SUM TO EQUAL THE HEADER TPL AMOUNT
Claim	Deny	0815	TPL REQUIRED AT DETAIL AND MUST SUM TO EQUAL THE HEADER TPL AMOUNT

Resolution:

Search for claim using the Member ID and date of service

Provider Asked...What Went Wrong

Information is entered at the *Header* Level

#	Carrier Name	Carrier ID	Group ID	TPL/Medicare Paid Amount	Paid Date	Action
1				\$42.59	12/09/2019	Remove

Carrier Name

Carrier ID

▪Policy Holder Last Name

▪First Name

MI

Policy Holder Address

City

State

ZIP Code

Country Code

▪Policy ID

SSN

▪Relationship to Patient

▪Claim Filing Code

Group ID

Policy Name

TPL/Medicare Paid Amount

Paid Date

Claim ID

Referral Number

Authorization Number

36

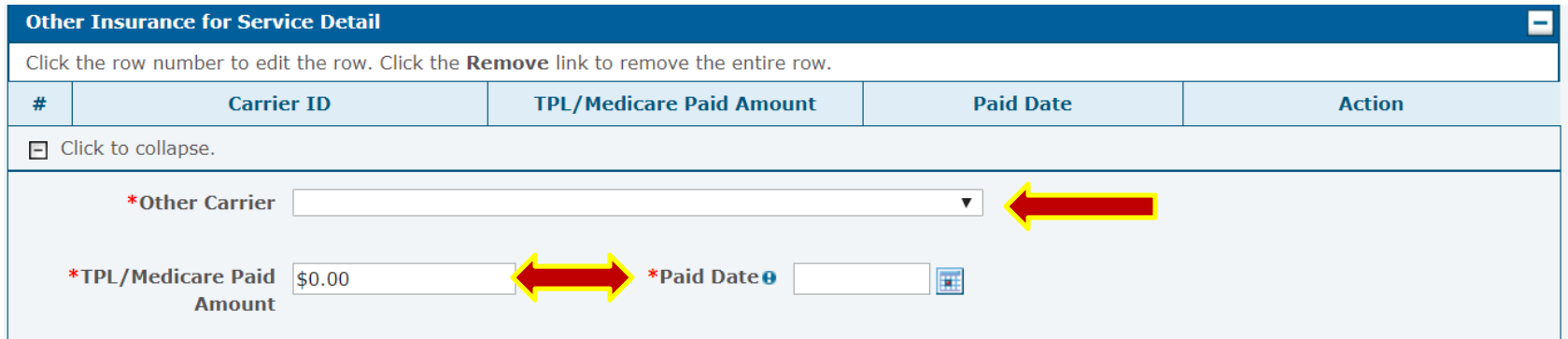
Provider Asked...What Went Wrong

Original information at the **Detail** Level on denied claim

Other Insurance for Service Detail

Click the row number to edit the row. Click the **Remove** link to remove the entire row.

#	Carrier ID	TPL/Medicare Paid Amount	Paid Date	Action
<input type="checkbox"/> Click to collapse.				
	*Other Carrier			
	*TPL/Medicare Paid Amount	\$0.00	*Paid Date	



Corrected information entered at the **Detail** Level

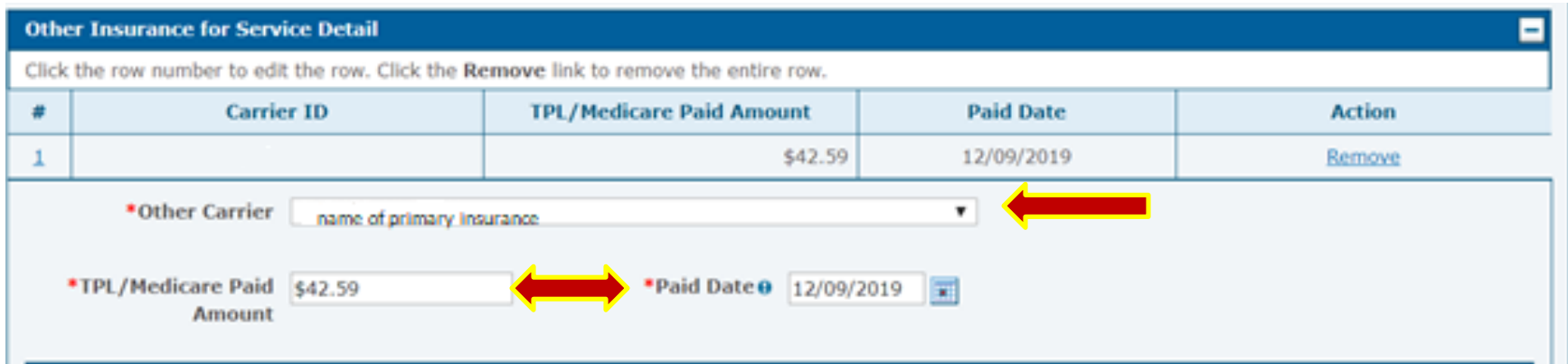
Other Insurance for Service Detail

Click the row number to edit the row. Click the **Remove** link to remove the entire row.

#	Carrier ID	TPL/Medicare Paid Amount	Paid Date	Action
1		\$42.59	12/09/2019	Remove

*Other Carrier

*TPL/Medicare Paid Amount *Paid Date




CLAIM PAID!!

Provider Asked...What Went Wrong

Provider called stating claim denied for Medicare information – but it was on the claim....

Claim denial:

Claim EOB Information 			
Claim / Service #	Disposition	EOB Code	Description
Svc # 1	Deny	0593	AT LEAST ONE DETAIL SUBMITTED CONTAINS MEDICARE COB DATA RESULTING IN A REVIEW OF ALL DETAIL COB DATA. PLEASE REVIEW TO ENSURE COB DATA FOR DETAIL IN QUESTION DOES NOT CONTAIN ALL ZEROS OR IS MISSING

Resolution:

Search for claim using the Member ID and date of service

Provider Asked...What Went Wrong

Claim Adjustment information entered at the **Header** Level for Medicare Replacement Plan

Claim Adjustment Details

You can enter up to five unique group codes. You can repeat six combinations of reason code and adjustment amount with each group code.

Click the **Remove** link to remove the entire row.

#	Claim Adjustment Group Code	Reason Code	Adjustment Amount	Units	Action
1	PR-Patient Responsibility	2-Coinsurance Amount	\$20.76		Remove

*Claim Adjustment Group Code

PR-Patient Responsibility

*Reason Code ⓘ

2-Coinsurance Amount

*Adjustment Amount

\$20.76

Adjusted Units

Other Carrier and Claim Adjustment information was not entered at the **Detail** Level for Medicare Replacement Plan on denied claim

Other Insurance for Service Detail

Click the row number to edit the row. Click the **Remove** link to remove the entire row.

#	Carrier ID	TPL/Medicare Paid Amount	Paid Date	Action
<div>Click to collapse.</div>				
	*Other Carrier			
	*TPL/Medicare Paid Amount	\$0.00	*Paid Date ⓘ	

Provider Asked...What Went Wrong

Other Insurance information and Claim Adjustment Details added at the **Detail** Level for Medicare Replacement Plan

Other Insurance for Service Detail

Click the row number to edit the row. Click the **Remove** link to remove the entire row.

#	Carrier ID	TPL/Medicare Paid Amount	Paid Date	Action
1	00630	\$80.30	04/15/2020	Remove

*Other Carrier

00630-ANTHEM BCBS

*TPL/Medicare Paid Amount

\$80.30

*Paid Date

04/15/2020

Claim Adjustment Details

You can enter up to five unique group codes. You can repeat six combinations of reason code and adjustment amount with each group code.

Click the **Remove** link to remove the entire row.

#	Claim Adjustment Group Code	Reason Code	Adjustment Amount	Units	Action
---	-----------------------------	-------------	-------------------	-------	--------

Click to collapse.

*Claim Adjustment Group Code

PR-Patient Responsibility

*Reason Code

2-Coinsurance Amount

*Adjustment Amount

20.76

Adjusted Units

CLAIM PAID!!

Primary Insurance Updates on the Portal

Primary Insurance Updates on the Portal

The screenshot shows the 'INDIANA MEDICAID for Providers' portal. At the top, there's a navigation bar with links: 'My Home', 'Eligibility', 'Claims', 'Care Management', 'Resources', and 'Switch Provider'. Below this, a 'My Home' section contains a 'Delegate for' field and a 'Role IDs' dropdown menu set to 'Provider - In Network'. On the left sidebar, there are sections for 'User Details' (with links to 'My Profile' and 'Switch Provider') and 'Provider' (with links to 'Name', 'Provider ID', and 'Provider Maintenance'). The main content area features a 'WELCOME HEALTH CARE PROFESSIONAL!' message, a photo of two healthcare professionals, and a 'Contact Us' link. On the right, there are links for 'Notify Me' and 'Secure Correspondence', which is highlighted with a red rectangular box.

Secure Correspondence is a delegate function assigned when the delegate is added to a service location

Primary Insurance Updates on the Portal

Secure Correspondence - Message Box

[Back to My Home](#) ?

Access your messages by selecting the individual subject line. Whenever a new message is sent, a confirmation e-mail precedes the request. For additional queries please contact us.

[Create New Message](#)

Total Records: 11

Status	Subject	Message Category	Date Opened ▼	Date Closed
Closed		TPL Update		
Closed		TPL Update		
Closed		TPL Update		
Closed		TPL Update		
Closed		TPL Update		

- Previously submitted correspondence messages and status are listed
- Responses are specific to the service location under which the correspondence was submitted



Primary Insurance Updates on the Portal

Secure Correspondence - Create Message

[Back to Message Box](#) ?

Enter your correspondence information below and click the **Send** button to send the correspondence or click **Cancel** to return to Secure Correspondence Message - Box

* Indicates a required field.



*Subject

*Message Category

*Email Address

*Confirm Email Address

Member ID

Claim Number

Date of Service

Medicaid Paid Amount

Paid Date

Provider/Facility

*Message

Appeal
Banking/Financial/RA
Claim Inquiry
Coverage Inquiry
Enrollment
Other
Portal Assistance
TPL Update
Administrative Review Request

The following types of files are allowed to be uploaded: pdf, bmp, gif, jpg, jpeg, tiff, tif, png
Size limit for attachments is 5MB.

Primary Insurance Updates on the Portal

Secure Correspondence - Create Message[Back to Message Box](#) ?

Enter your correspondence information below and click the **Send** button to send the correspondence or click **Cancel** to return to Secure Correspondence Message - Box

* Indicates a required field.

* Subject

* Message Category

* Email Address

* Confirm Email Address

Member ID

Claim Number

Date of Service To


Medicaid Paid Amount

Paid Date

Provider/Facility

* Message

Member no longer has ~~Aetna~~ Insurance Policy ID.....
Submitted claim for DOS 5.8.2017 for office visit - claim denied for no coverage



Primary Insurance Updates on the Portal

Add any available attachments to support the request

Attachments

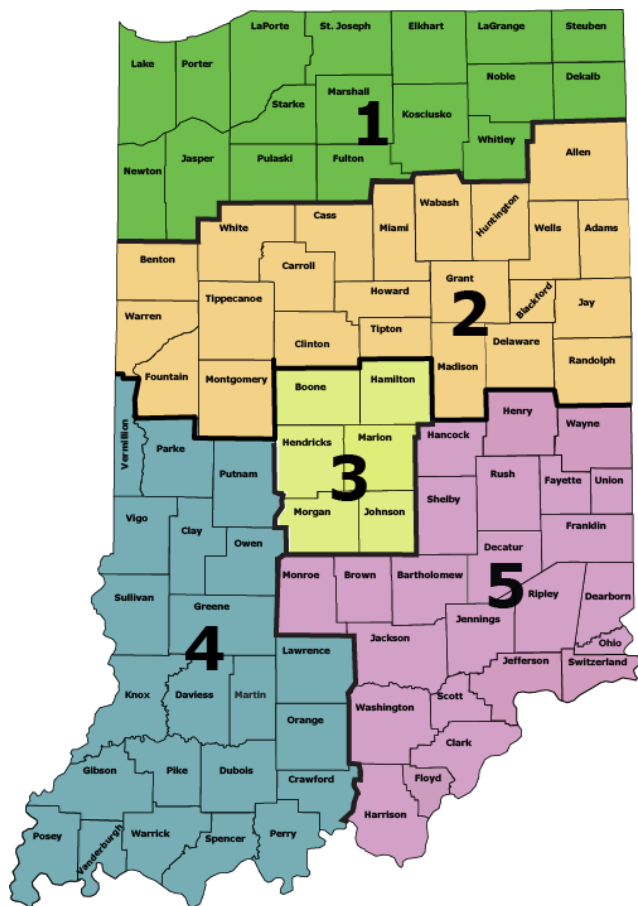
Click the **Remove** link to remove the entire row.

#	Transmission Method	File	Control #	Attachment Type	Action
<input type="checkbox"/> Click to collapse.					
<div><div><div><div>*Transmission Method</div><div>FT-File Transfer ▼</div></div><div><div>*Upload File</div><div>Choose File No file chosen</div></div><div><div>*Attachment Type</div><div><div>▼</div><div>01-Primary payer EOBs, including Medicare</div><div>02-Invoices or MSRP</div><div>03-Medical records</div><div>04-Consent forms</div><div>05-Remittance Advice (RA)</div><div>06-Screen prints</div><div>07-Admin Review Request Form</div><div>08-Claim/Correspondence</div><div>09-Other</div></div></div><div><div>Add</div><div>Cancel</div></div></div></div>					
<div><div>Send</div><div>Cancel</div></div>					
<div><div>Add</div><div>Cancel</div></div>					
<div><div>Send</div><div>Cancel</div></div>					

Helpful Tools

Helpful Tools

Provider Relations Consultants



Region	Field Consultant	Email	Telephone	Counties Served
1	Jean Downs	INXIXRegion1@dxc.com	(317) 488-5071	Dekalb, Elkhart, Fulton, Jasper, Kosciusko, LaGrange, Lake, LaPorte, Marshall, Newton, Noble, Porter, Pulaski, St. Joseph, Starke, Steuben, Whitley
2	Shari Galbreath	INXIXRegion2@dxc.com	(317) 488-5080	Allen, Adams, Benton, Blackford, Cass, Carroll, Clinton, Delaware, Fountain, Grant, Howard, Huntington, Jay, Madison, Miami, Montgomery, Randolph, Tippecanoe, Tipton, Wabash, Warren, Wells, White
3	Crystal Woodson	INXIXRegion3@dxc.com	(317) 488-5324	Boone, Hamilton, Hendricks, Johnson, Marion, Morgan
4	Amber Keegan & Emily Redman (interim)	INXIXRegion4@dxc.com	(317) 488-5153	Clay, Crawford, Daviess, Dubois, Gibson, Greene, Knox, Lawrence, Martin, Orange, Owen, Parke, Perry, Pike, Posey, Putnam, Spencer, Sullivan, Vanderburgh, Vermillion, Vigo, Warrick
5	Virginia Hudson	INXIXRegion5@dxc.com	(317) 488-5186	Bartholomew, Brown, Clark, Dearborn, Decatur, Fayette, Floyd, Franklin, Hancock, Harrison, Henry, Jackson, Jefferson, Jennings, Monroe, Ohio, Ripley, Rush, Scott, Shelby, Switzerland, Union, Washington, Wayne

Helpful Tools

IHCP website at in.gov/medicaid/providers:

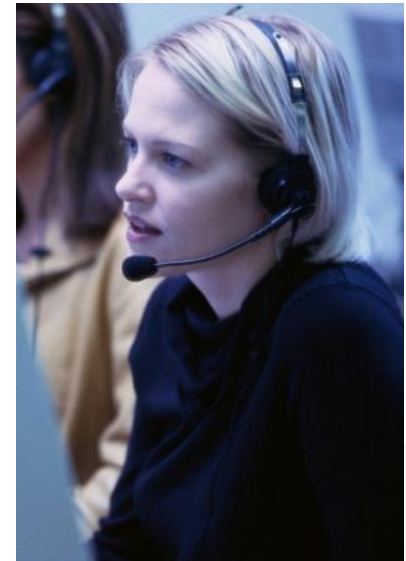
- *IHCP Provider Reference Modules*
- Contact Us – Provider Relations Field Consultants

Customer Assistance available:

- Monday – Friday, 8 a.m. – 6 p.m. Eastern Time
- 1-800-457-4584

Secure Correspondence:

- Via the Provider Healthcare Portal
(After logging in to the Portal, click the ***Secure Correspondence*** link to submit a request)



Questions